FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1			ORGANIZATION					
		(See instructions)					Office use only	
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3. FE	C IDENTIFIC	ATION N	JMBER		C COO	088591		
4. IS	THIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)		
I certify the	hat I have exa	mined this	Statement and	to the best of my l	knowledge ar	d belief it is true, correct a	nd complete	
Type or	Print Name o	of Treasure	er C	ARY DAVIDS	ON			
Signatur	re of Treasur	er El <u>ec</u>	tronically Filed	by CARY D	AVIDSON	<u> </u>	Date	0 4 / D D / Y Y Y Y 1 1 1
NOTE: S	Submission of	false, erron				he person signing this State		penalties of 2 U.S.C. §437g.
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)